

Midlothian Integration Joint Board



Thursday, 18th April 2024, 14:00-16:00.

Integrated Assurance Report

Executive summary

Item number:	5.10
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This report is presented to provide the Midlothian Integration Joint Board with assurance around the processes in place to deliver clinical and care governance and risk and resilience management by the Midlothian Health and Social Care Partnership.

The structure for oversight of safe, effective, and person-centred care and professional governance consists of the Clinical and Care Governance Group and service level Quality Management Groups (QMGs). In addition, a number of specialist subgroups ensure focus on identified risks and most common harms. A culture of shared learning and improvement is promoted.

The Governance and Assurance Framework (GAF) has been in use for 3 reporting cycles and work to refine this approach is ongoing. 6 Governance Groups report to the Senior Management Team: Clinical Care and Governance, Integrated Workforce Governance Board, Finance and Performance, Business Governance, Digital Programme Board, and the Partnership Forum. Work continues to ensure that areas highlighted as medium or low assurance by services in the Governance and Assurance Framework are scrutinised by the relevant Governance Group (Appendix 1).

Group Service, Service, and Team Plans are in place across the HSCP, and plans have been developed for the delivery of progress reports to address identified risks for the next financial year. This aims to provide a consistent and complete picture of the assurance being reported and will support the ambition to implement a total Quality Management System (QMS) linking clinical and care governance with the management of performance and resources.

A joint Care Inspectorate, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary inspection into Adult Support and Protection arrangements within Midlothian is now underway. This follows on from the recent report into the Joint Inspection recently completed which had a focus on services for people with a Physical Disability, long-term conditions and their unpaid carers.

The report confirms that the Partnership's structures and processes for risk management, resilience and major incident planning address the requirements of Midlothian Council and the Lothian NHS Board. This includes the maintenance of the Partnership's Risk Register and processes which support the appropriate escalation of identified risks.

Board members are asked to discuss and approve the contents of this report

Midlothian Integration Joint Board

Integrated Assurance Report

1 Purpose

- 1.1 This is the Integrated Governance report for Midlothian Integration Joint Board (IJB).

2 Recommendations

- 2.1 Board members are asked to discuss and approve the content of this report.

3 Background and main report

- 3.1 This report updates the IJB on the activity undertaken to provide assurance around the delivery of safe, effective, and person-centred care in Midlothian and the processes in place to cover risk and resilience.

3.2 **Clinical Care and Governance and Assurance Structure and Processes**

The Clinical and Care Governance Group (CCGG) meets quarterly to enable assurance to be provided to the IJB around the safety, effectiveness, and person centredness of Midlothian Health and Social Care Partnership (MHSCP) services.

Group Service, Service and Team Plans have been in place across the HSCP since April 2023. The associated rollout of the Governance and Assurance Framework and a review of meeting structures provide the CCGG with a complete picture of the assurance and any identified risks to the delivery of clinical services and social care being reported across all services at every meeting.

Service level Quality Management Groups (QMGs) report to the CCGG on the actions services undertake to address clinical and care governance, risk management, quality planning, quality improvement activities, evidence of quality assurance and quality control. The QMGs provide an opportunity for teams within services to share learning and progress innovation. QMGs are expected to meet at least 4 times per year to populate the relevant sections of their GAF submission and CCGG template quarterly and deliver an annual summary report in the form of a short presentation. A reporting template collates information about actions in place relating to the learning arising from investigation of adverse events and complaints, implementation of actions around safety alerts, specific standards and guidance, improvement work, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides.

The IJB has previously been advised that the HSCP has been using the Governance and Assurance Framework adapted from the version developed by AHPs across Lothian (Appendix 2). The framework enables collaboration, shared learning and a visibility across the system of the current self-reported assurance levels.

Learning continues from each quarter, enabling adaptations to the Framework, digital application, and its reporting. Short-term these relate to process improvements, enabling managers to prepare for and consistently define the impact and assurance levels which collectively describe the governance levels across Safe, Effective, Person-Centred, and Regulatory domains. Medium and longer-term developments relate to the digital application to enhance the opportunities for collaboration, efficiency support business as usual including sustainability through the development of induction resources and an audit tool.

There is a shared commitment across all services to learn from the work to improve processes and streamline reporting to continue to provide assurance around the quality, safety and effectiveness of the services delivered and commissioned by the Midlothian Health and Social Care Partnership. 6 Governance Groups report to the Senior Management Team: Clinical and Care Governance, Integrated Workforce Governance Board, Finance and Performance, Business Governance, Digital Programme Board, and the Partnership Forum. Work continues to ensure that areas highlighted as medium or low assurance by services in the Governance and Assurance Framework are additionally reviewed by the relevant Governance Group (Appendix 1). Work will be undertaken to ensure that the Terms of Reference of the Governance Groups which report to Senior Management have risk as a standing agenda item to reflect this.

The role of Chief Social Work Officer, which carries statutory functions, sits outwith the HSCP. The Head of Adult Services is Deputy Chief Social Work Officer for Midlothian Council and acts as the lead Social Worker for the HSCP. The CSWO is a member of the IJB and pre-IJB meetings have been set up with the Chief Officer and Head of Adult Services to discuss any issues that may be particularly pertinent for professional social work. QMG processes are integrated, and managers report on all HSCP business thus providing assurance regarding social work services. There remains a need to ensure the CSWO is linked in effectively to this structure. The combination of the newly constituted Social Work Assurance Group (SWAG) and the Governance and Assurance Framework will further strengthen this level of assurance. SWAG is a newly developed assurance group for all Social Work services in Midlothian. It meets fortnightly currently and is chaired by the CSWO with attendance from the Deputy CSWO and two Group Service Managers. Since inception, it has provided leadership and assurance regarding the improvement plan for Newbyres Care Village and has also had oversight over all improvement plans developed following Care Inspectorate inspections of services. Whilst still a developing Group, it is anticipated that all new Policies and Procedures for Social Work services will be approved at SWAG and there will also be a role in overseeing audit and quality assurance work.

3.3 The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis. Since the last report to the IJB, one meeting has taken place.

3.4 Investigating and Learning from Adverse Events and Complaints

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address in-patient falls at Midlothian Community Hospital, and pressure ulcers. The Midlothian Safety and Experience Action Group (MSEAG) has oversight of all significant adverse events (adverse events which result in harm assessed as moderate or above), including the death or suicide of patients engaged with mental health and substance use services or unexpected medical deaths. This group commissions external reviews of major harm or death significant events in line with NHS Lothian protocols. The MSEAG minutes are submitted to the Lothian Patient Safety and Experience Action Group, and all Serious Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure. In addition, a Morbidity and Mortality Review group has recently been established at Midlothian Community Hospital to undertake multidisciplinary review of unexpected in-patient deaths as a further measure to develop learning to improve the delivery of safe care.

The HSCP Senior Management Team (SMT) receives a fortnightly report regarding performance around the management of complaints and the reporting and management of adverse events on the Datix system. Datix is a web-based tool which can be accessed by all NHS Lothian staff to report and learn from safety concerns such as actual adverse events and near misses. It helps in the collection and analysis of information to inform action plans which support safety and quality improvement. The system also provides modules to support the administration of Complaints, Claims and Service and Team level Risk Registers, to provide an integrated information system. Quarterly oversight of themes and learning arising from complaints and adverse events has been added to the MSEAG agenda and is also addressed at quarterly NHS Lothian performance meetings.

At the time of writing 13 Significant Adverse Event (SAEs) are under investigation, one of those being an external review which has been open for more than 6 months. Chart 1 shows Midlothian reported median is higher than the closed median, preventing the development of a backlog. Chart 2 shows the Midlothian HSCP's performance regarding SAEs which are overdue. One level 1 SAE has been open for over 6 months at the time of writing, and one other non-level 1 review has breached the 70-day target for its completion. Work continues to support actions that will enable local teams to address all adverse events within the Healthcare Improvement Scotland guidance timescales. Work is continuing to maintain and further improve SAE review performance against timescales and assure the quality of the reviews and the implementation of learning gained. Ongoing review of learning needs is undertaken and the SMT works with the Quality Improvement Support Team of NHS Lothian to discuss actions required and to enable appropriate learning opportunities to be identified and delivered.

Outstanding actions from previously investigated Significant Adverse Events are recorded on Datix and continue to be monitored by the MSEAG to ensure that they are completed.

Chart 1:Midlothian Serious Adverse Events reported and closed at 4th March 2024

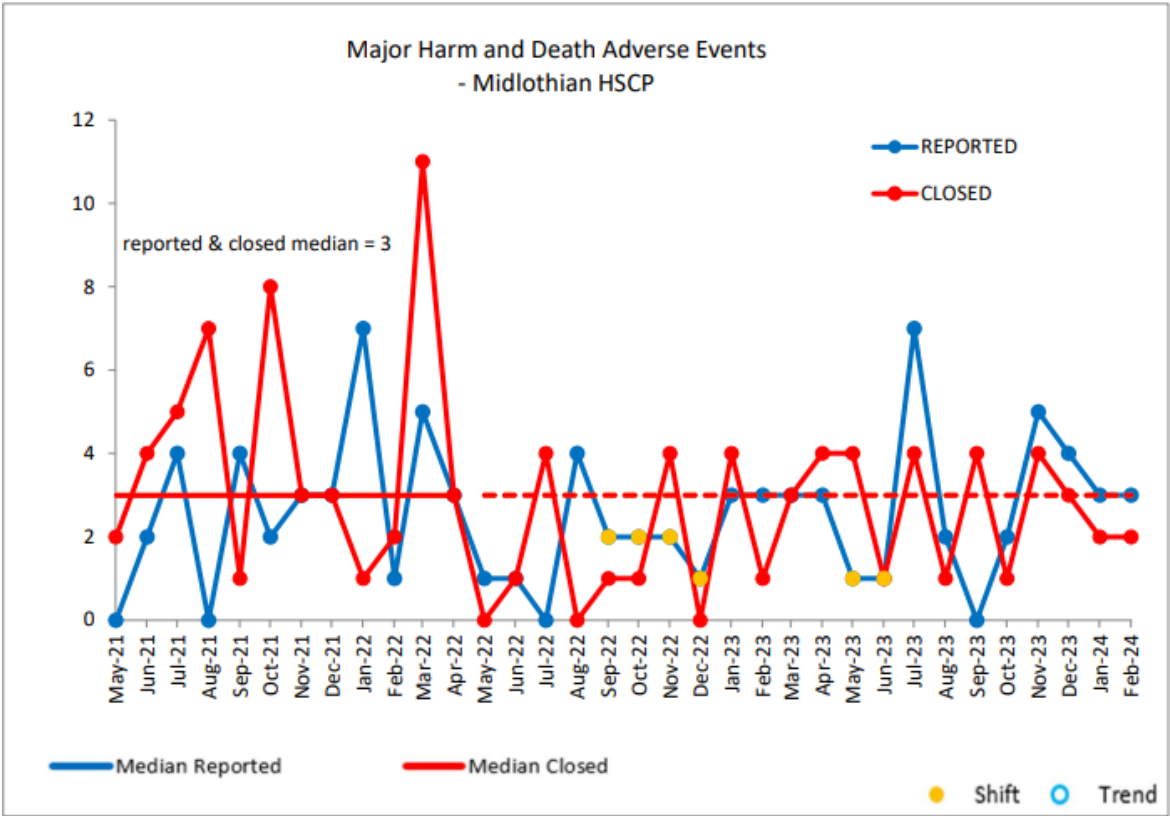
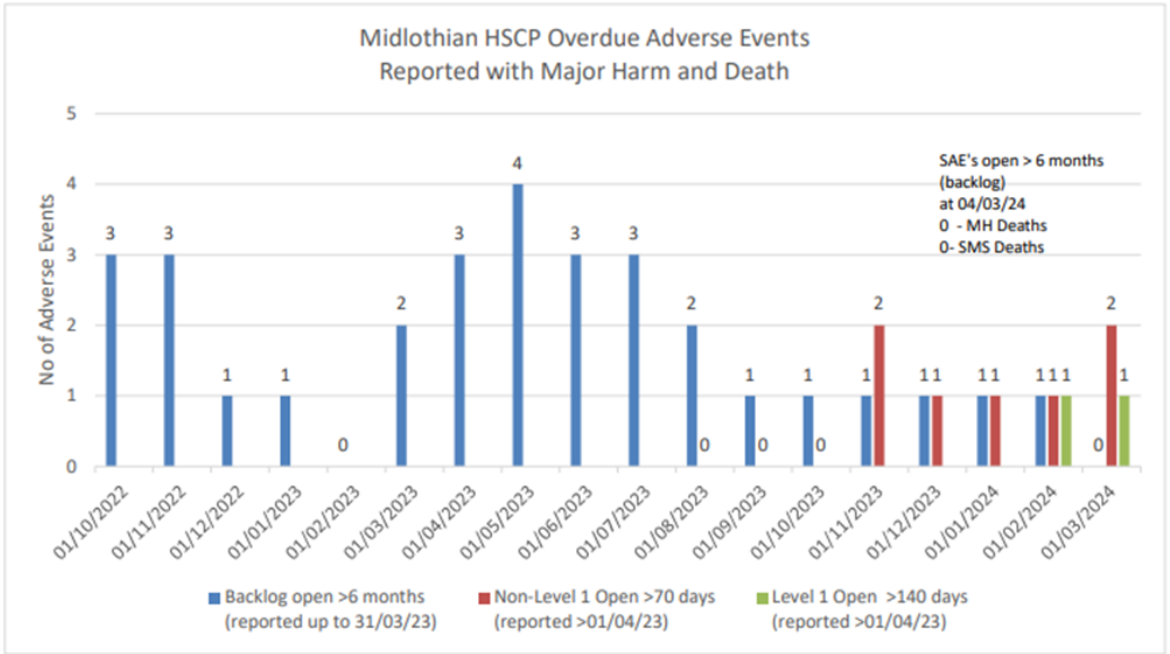


Chart 2 Midlothian Overdue Adverse Events Reported with Major Harm and Death at 4th March 2024



Processes for Council services currently remain less mature around adverse events but work is outstanding to bring a degree of synergy to this. Ultimately, the aspiration is that MSEAG will manage all adverse events across the HSCP. The Clinical Director has supported and driven an increased focus on the utilisation of primary

care /GP practice input to provide a more complete picture of the services and supports accessed by patients who have committed suicide or who have died whilst in receipt of mental health and substance use services in Midlothian.

Work to develop an adverse events management process for Social Work and Social Care services was paused due to inspectorial activity which commenced in May of last year and continues to generate substantial oversight and operational activity to support the scrutiny. The Social Work Assurance Group (SWAG) has, as has been highlighted above, brought a new layer of governance and assurance for all Social Work and Social Care services and, whilst this is still fairly new, it has proven to be key in ensuring services are operating well and safely. This has been particularly the case with the work to improve Newbyres Care Village The Chief AHP facilitated a falls review within Highbank Intermediate Care facility. This process enabled the identification of lessons learned, process improvements around falls risk assessments and potential sources of support for the team on site.

Complaints are generally managed through the respective organisations' complaints handling processes and whilst processes and timescales are similar, there are also a range of Elected Member, MP and MSP enquires which tend to be channelled through a Council route. Generally, these are managed by respective Heads of Service.

Performance against KPIs and an analysis of themes and learning from complaints Received in relation to NHS Lothian services delivered within the MHSCP is monitored by MSEAG and reported to quarterly NHS Lothian performance review meetings. This report covers data up to January 2024 from the report received from the NHS Lothian Patient Experience team on 15th March 2024.

Charts 3 and 4 illustrate the numbers of complaints received via the NHS complaints processes which relate to services delivered within the Midlothian HSCP.

Chart 3: Number of Stage 1 complaints received.

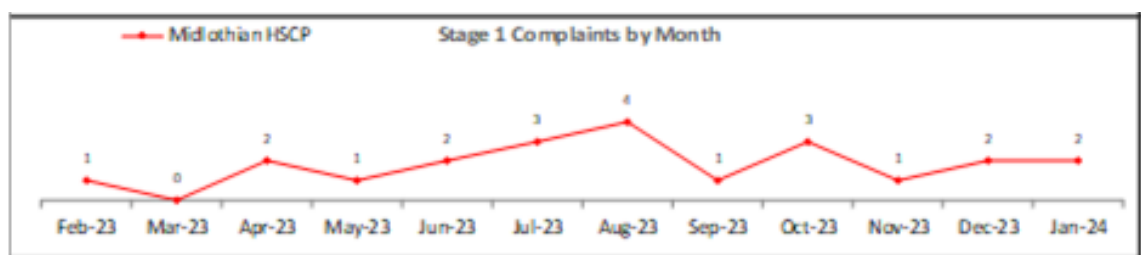
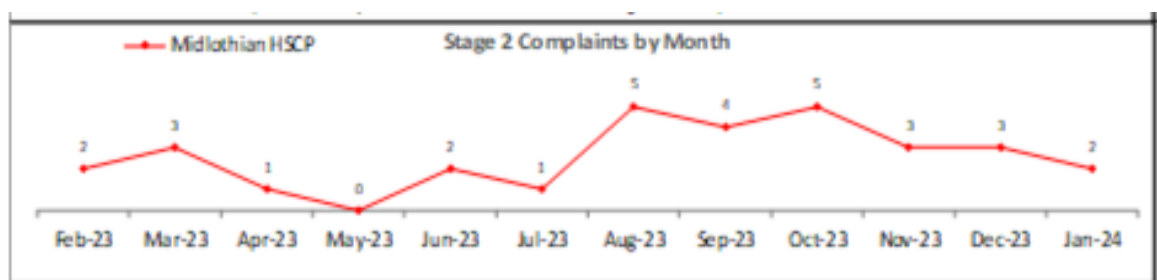


Chart 4: Number of Stage 2 complaints received.



Charts 5 and 6 illustrate performance around Stage 2 complaints responses. Of 31 Stage 2 complaints received in the 12 months illustrated, only 1 failed to meet the 20-

day target for the provision of a response – this reflected the complexity of the complaint which involved a range of services, one being provided from another Partnership in NHS Lothian. At the time of writing Midlothian is involved in responding to 5 open complaints, 2 of which are outwith the KPI for response. IJB members are advised that local data indicates an increasing number of complaints are being received by the HSCP and that 1 more recent Stage 2 complaint breached the 20-day KPI.

Chart 5: % achievement of Stage 2 responses within 20-day KPI.

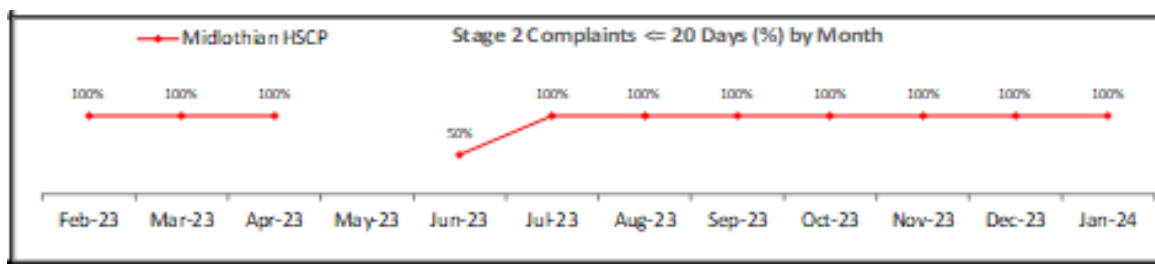
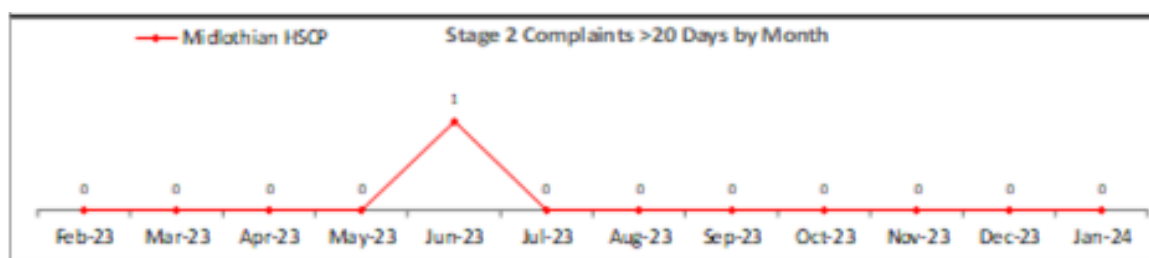


Chart 6: number of Stage 2 complaints responses outwith 20-day KPI.



The Clinical and Care Governance Group will provide a focus on shared learning around the management of adverse events and complaints and the sharing of learning from these processes at its May meeting.

3.5 Clinical and Professional Oversight of Care Homes

The Scottish Government published My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes in June 2022. An Advice Note on Enhanced Collaborative Clinical and Care Support for Care Homes issued on 14 December 2022 provides guiding principles and a framework to continue cross sector work to continue to improve the health and wellbeing of people living in care homes. Work is continuing on a Midlothian and Lothian basis to ensure these recommendations are met and that partners involved in the delivery of care home services are engaged in shaping the model going forward. The approach recognises that the role of the HSCP is different to that of the inspection and regulation responsibilities exercised by the Care Inspectorate.

3.6 Inspections

The Clinical and Care Governance Group maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. Managers log service inspection reports with their QMG submissions.

The joint inspection of adult services with a focus on integration and outcomes for people with physical disabilities, long term conditions and their carers commenced in May last year.

The scrutiny activity was concluded with the publication of the final report on 28th November 2023. The overall conclusion of the report assessed the Partnership as being 'Good' (Grade 4) for all 5 indicators assessed.

Along with identified key strengths, priority areas for improvement included a continued need to address support for carers, to ensure an integrated approach to providing information and advice around support, care and treatment whilst continuing to support staff to be more confident in their knowledge of self-directed support. The learning from the inspection was drawn together within an improvement plan. The SMART action plan contains objectives which has been further broken down into actions and steps, with consideration given to dependencies, measures, progress and timeframes. This has been shared with and will be monitored and reviewed by the Care Inspectorate throughout 2024.

In January this year, the Midlothian Partnership were informed under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland will undertake a joint inspection of Adult Support and Protection (ASP) arrangements in the Midlothian partnership area. The period of scrutiny will continue until the report is published in June. To date, the HSCP, NHS and Police Scotland have submitted an evidential 'Position Statement' whereby the partners benchmark themselves against quality indicators around the themes of key processes and leadership. Inspectorate activity will continue during March and April with a staff survey, on site file reading and staff focus groups.

Once the ASP inspection has been concluded, attention will turn to progressing a Council Social Work and Occupational Therapy review. It is intended that this review will include data analysis on waiting lists, capacity, demand, the skill set of the workforce and pathways between services. Extensive consultation and engagement with key stakeholders and staff will also contribute to the process

Through the QMGs, we have developed a more systematic approach to managing recommendations from Mental Welfare Commission themed reports. Generally, such reports have a range of actions for Scottish Government, NHS Boards and HSCPs. These are worked into an Action Plan for later submission back to the Mental Welfare Commission. Governance is provided by reports coming to the HSCP SMT and the Social Work Assurance Group (where appropriate).

3.7 Risk Management

Midlothian HSCP is compliant with the NHS Lothian Risk Management Policy and Midlothian Council Risk Management Policy and Strategy. Midlothian Health and

Social Care Partnership is currently reviewing and updating the Risk Management Process to allow an integrated approach to risk management within the partnership.

- Midlothian HSCP Senior Management Team meet every 2 weeks and risk is a standing agenda item.
- Service level risks registers are locally managed, and oversight is held by Heads of Service for review and escalation to the Senior Management Team (if required).
- Risks are routinely monitored through these escalating levels with additional risk oversight held by Midlothian Council and Midlothian IJB both strategically and operationally.
- Each risk recorded either operationally or strategically have actions associated to mitigate the risk, these are routinely monitored through the appropriate level of monitoring as mentioned above.
- Each risk has a risk owner identified who is the accountable person for managing the related actions and providing routine updates on the status of the risk.

3.8 Resilience and Major Incident Planning

Midlothian Health and Social Care Partnership supports its partner organisations, NHS Lothian and Midlothian Council, to deliver their obligations as responders to major incidents. The Partnership provides Midlothian IJB with any relevant assurance in relation to incident management and response which supports its responsibilities as a Category 1 responder.

Midlothian Health and Social Care Partnership maintains major incident plans in line with NHS Lothian's Resilience Policy and provides assurance through NHS Lothian's reporting cycle on resilience, major incident planning and business continuity. A virtual control room is in place for incident management along with physical control rooms in both Midlothian Community Hospital and Fairfield House. Service Managers are required to review and update their service-specific resilience and business continuity plans annually which feed into the overarching Midlothian Resilience Plan.

3.9 Risk Register

Operational risks are captured in the Partnership Risk Register, which is updated and reviewed regularly, and when required escalated to the NHS Lothian Corporate Risk Register and Midlothian Council Strategic Risk Profile.

HSCP mitigation plans contribute to the overarching corporate risk registers held by NHS Lothian and Midlothian Council.

4.0 Policy Implications

- 4.1 This report should provide moderate assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian, and that

appropriate mechanisms are in place to assess and manage risk and ensure service resilience.

5.0 Directions

- 5.1 Clinical and care governance, risk management and resilience planning are implicit in various directions that relate to the delivery of care.

6.0 Equalities Implications

- 6.1 The Governance and Assurance Framework requires services to provide assurance that they are complying with the Equalities duties including the completion of Integrated Impact Assessments (IIA's) where necessary. This supports the HSCP to comply with its equality duties.

7.0 Resource Implications

- 7.1 Resource implications are identified by managers as part of service development. and additional resource may at times be required to ensure required standards of clinical and care governance, risk management and resilience planning are met. The expectation is that these activities are embedded in service areas and teams and that staff have time built in to attend the relevant oversight groups and undertake the associated responsibilities.

8.0 Risk

- 8.1 This report is intended to keep the IJB informed of governance arrangements and any related risks and to provide assurance to members around improvement and monitoring activity.
- 8.2 All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9.0 Involving people

- 9.1 Midlothian staff are involved in the development and ongoing monitoring of processes related to clinical and care governance and risk identification, assessment and management.
- 9.2 Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10.0 Background Papers

- 10.1 My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes in June 2022 [Introduction - My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/my-health-my-care-my-home-2022/pages/introduction.aspx)

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DATE	27 th March 2024

Appendices:

Appendix 1: Midlothian Integrated Governance and Assurance Framework Escalation Routes

Appendix 2: Midlothian HSCP Governance and Assurance Framework